FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:07
95 MAY -1 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K34324 (9)

1. Corporation Name
B.A.R.S., INC.

Principal Place of Business	Mailing Address
2202 CYPRESS BEND SOUTH POMPANO BEACH FL 33069	2202 CYPRESS BEND SOUTH POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified: 09/23/1988
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 54-0885325	☐ Applied For ☐ Not Applicable
21 2202 S. Cypress Bend Dr	26 P.O. Box 10151		
Suite, Apt #, etc 22 apt 607	Suite, Apt #, etc 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Pompano Beach Fla	City & State 28 Pompano Beach Fla	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33069 County 25 Broward	Zip 29 33061 County 30 Broward	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEIN, A.L. 2202 S. CYPRESS BEND DR #607 POMPANO BEACH FL 33069	81 Name: A.L. STEIN Reg. AGENT 82 Street Address (P.O. Box Numbers Not Acceptable): 2202 S. CYPRESS BEND DR. 83 APT 607 84 City: POMPANO Beach, Fla FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	STEIN, A.L.	12 NAME	A L Stein
STREET ADDRESS	2202 CYPRESS BEND #607	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	STEIN, ALAN	22 NAME	Alan Stein
STREET ADDRESS	2202 CYPRESS BEND #607	23 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	STEIN, LEONA F.	32 NAME	Leona F Stein
STREET ADDRESS	2202 CYPRESS BEND #607	33 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A.L. STEIN 4/24/95 305-973-8170
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

A L Stein

0425711 FP